

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Gregory Champion

COURT CASE NUMBER

07C 7267

DEFENDANT

Thomas Dart, et al.

TYPE OF PROCESS

Amended

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Thomas Dart, Sheriff, Cook County

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 50 W Washington Room 704 Chicago IL 60602

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Gregory Champion, #2008-0080031
Cook County Jail
P.O. Box 089002
Chicago, IL 60608Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

FILED

Fold

AUG 21 2008 TC
Aug 21, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

07-16-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of OriginDistrict
to Serve

Signature of Authorized USMS Deputy or Clerk

Date

484

No. 24

No. 24

07-16-08

07-16-08

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Cara McFadden Legal Asst.

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

8-8-08 12:00 pm

Signature of U.S. Marshal or Deputy

Sgt. M. Skad

Service Fee	Total Mileage Charges (including endowors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
48.00	.48	0	48.48	0	48.48	0

REMARKS:

1 DUSM | 1 Hour | 1 M.le (RT)